

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/804868
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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10			1			
11				1		
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30				6		
31			1			
32				1		
33			1			
34				1		
35				4		
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49						
50						
TOTAL IND.			6			
TOTAL DEP.			46			
TOTAL CLAIMS			52			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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